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10			(Payee)					
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No. and Date of Order	Date of Delivery or Service	(Enter description schedule, and Discount Terms	ARTICLES OR SERVICE I, item number of contra- d other information deen	ct or Federal suppl ned necessary)	QUANTITY	1	Per	Dol
		Costs						\$4
PAYMENT:  Complete  Partial  Final		,,,	continuation sheet(s) if ne	CARCETY				
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Date Per	-59_*poved	d when a	like certificate is made by payee on a	tached bill or bills)	Amount verified (Signature or in			\$ 4
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Pursuant to author	rity vested in me,	I certify that this acco	unt is correct and proper	for payment.				
† Approved for \$		<u>.,</u>		+	(Autho	rized Certif	ying Officer)	
By		in the sign of the	SIGN ORIGINAL ONLY	Title		·		
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